



State of Missouri
Office of Administration
State Fleet Management Program
Post Office Box 809, Jefferson City, MO 65102
Interagency Mail: Room 760, Truman Building
573/751-4534
FAX 573/751-7819

VEHICLE CREDIT/INSURANCE RECOVERY REQUEST FORM

Agencies must request approval to expend vehicle credits accrued in accordance with Section 37.452 RSMo. This form must be used to request the release of vehicle credits or insurance recovery proceeds. Please complete Section A and mail or fax the signed form to State Fleet Management. If approved, State Fleet Management must request an increase to the SAM II expense budget (EB) line before a purchase order can be processed. Agencies may enter a purchase order and put it on hold until the EB line has been increased.

SECTION A: AGENCY REQUEST	
Agency	
Division/Section	
Agency Contact Name, Phone & Fax Number	
Amount Requested	<input type="checkbox"/> Vehicle Credits <input type="checkbox"/> Insurance Recovery
Vehicle(s) To Be Purchased (List Year, Make and Model)	
SAM II Purchase Order Number (if known)	
Comments	
SECTION B: SIGNATURES	
Agency Head or Designee	State Fleet Manager
	<input type="checkbox"/> Approved
	<input type="checkbox"/> Denied
Date: _____	Date: _____

STATE FLEET MANAGEMENT USE ONLY	
Fiscal Year	
Credit Tracking Number	
Vehicle Preapproval Tracking Number	
Organization Number	
Credit Balance Adjustment Date	
EB Line Increase Requested (Date)	
SAM II Expenditure Date	